



CITY OF ALEXANDRIA
OFFICE OF BUILDING AND FIRE CODE ADMINISTRATION
301 KING STREET, SUITE 4200
ALEXANDRIA, VIRGINIA 22314
703.746-4200 FAX 703.838.3880

Fire Protection System Application

IMPORTANT - Applicant to complete **ALL** applicable items

Shaded boxes are **FOR OFFICIAL USE ONLY**

Permit Number	1. Project Name	Master Permit	
2. Project Address	Floor/Suite Number	3. Date Applied	
4. Owner	5. Contact Information Primary Phone: Alternate Phone: Fax: Email Address:		
6. Owner's Mailing Address (if different from project address)			
7. Work Done By (check one) <input type="checkbox"/> Owner <input type="checkbox"/> Contractor			
8. Contractor Name	9. Phone: FAX: Email:	10. Business License Number Reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Business Address	12. Master's' Name License # _____		
13. State Contractor License Number		Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
14. Description of Proposed Work: _____ _____			
15. Occupancy/Use Group	16. Construction Type	17. Occupancy Load	
18. Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Other		19. Estimated Cost: \$	
20. Fire Suppression Systems <u>Description</u> <u>Quantity</u> Wet Sprinkler Systems _____ Dry Sprinkler Systems _____ Pre-action Systems _____ Deluge Systems _____ Total Sprinkler Heads _____ Standpipe Systems _____ Fire Pumps _____ CO-2 _____ FM-200 _____ Wet Chemical _____ Dry Chemical _____ Intergen _____	20. (Continued) <u>Description</u> <u>Quantity</u> Halogenated _____ Fire Hydrants _____ Fire Mains _____ 22. Fire Alarm and Detection Systems: <u>Description</u> <u>Quantity</u> Initiating Devices _____ Signaling Devices _____ Annunciator Panels _____ Power Extender Panels _____ Fire Control Panels _____ Dialers _____	21. Control Systems <u>Description</u> <u>Quantity</u> Access Control Devices _____ Magnetic Door _____ Smoke Controls _____ 23. Other Work or Systems not Listed: <u>Description</u> <u>Quantity</u> _____ _____ _____ _____	
AFFIDAVIT I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances. _____ Signature of Owner or Authorized Agent _____ Printed Name of Person Applying for Permit or Plan Review _____ Address Phone Number _____ FAX Email		APPROVALS Engineer Date Approved Date Issued Permit Technician Rec'd By: Issued By: Drawings Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	PERMIT FEES TOTAL \$ Deposit Rec'd \$ Deposit Date Balance Due \$ Notes